

## GEORGIA DEATH CERTIFICATE

State File Number 2020GA000014225

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>WILLIE AVERIN LOCKETT</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX <b>MALE</b>	2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 01/25/2020</b>	
3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	4a. AGE (Years) <b>57</b>	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	5. DATE OF BIRTH (Mo., Day, Year) <b>02/15/1962</b>		
6. BIRTHPLACE <b>INDIANA</b>	7a. RESIDENCE - STATE <b>GEORGIA</b>	7b. COUNTY <b>FULTON</b>		7c. CITY, TOWN <b>ATLANTA</b>		
7d. STREET AND NUMBER <b>1382 PEACHTREE STREET NE</b>	7e. ZIP CODE <b>30309</b>	7f. INSIDE CITY LIMITS? <b>NO</b>		8. ARMED FORCES? <b>YES</b>		
8a. USUAL OCCUPATION <b>BAGGAGE HANDLER</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>TRANSPORTATION</b>				
9. MARITAL STATUS <b>MARRIED</b>	10. SPOUSE NAME <b>ROHEY JENG</b>			11. FATHER'S FULL NAME (First, Middle, Last) <b>LODELL LOCKETT SR.</b>		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>JOHNNIE MAE UNKNOWN</b>	13a. INFORMANT'S NAME (First, Middle, Last) <b>SYDNEY LOCKETT</b>			13b. RELATIONSHIP TO DECEDENT <b>DAUGHTER</b>		
13c. MAILING ADDRESS <b>442 WASHINGTON STREET PRESTON GEORGIA 31824</b>			14. DECEDENT'S EDUCATION <b>SOME COLLEGE CREDIT LEADING TO AN ASSOCIATE DEGREE</b>			
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>			16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>BLACK OR AFRICAN-AMERICAN</b>			
17a. IF DEATH OCCURRED IN HOSPITAL <b>INPATIENT</b>			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>ATLANTA MEDICAL CENTER</b>			19. CITY, TOWN or LOCATION OF DEATH <b>ATLANTA</b>		20. COUNTY OF DEATH <b>FULTON</b>	
21. METHOD OF DISPOSITION (specify) <b>CREMATION</b>	22. PLACE OF DISPOSITION <b>CREMATION CARE OF GEORGIA INC 1114 BRETT DRIVE SW CONYERS GEORGIA 30094</b>			23. DISPOSITION DATE (Mo., Day, Year) <b>02/10/2020</b>		
24a. EMBALMER'S NAME <b>MOSES JUTOMUE STRYKER</b>	24b. EMBALMER LICENSE NO. <b>5273</b>	25. FUNERAL HOME NAME <b>GREGORY B LEVETT AND SONS S DEK CH</b>				
25a. FUNERAL HOME ADDRESS <b>4347 FLAT SHOALS PKWY DECATUR GEORGIA 30034</b>						
26a. SIGNATURE OF FUNERAL DIRECTOR <b>CECILE ROWE</b>			26b. FUN. DIR. LICENSE NO. <b>5142</b>	AMENDMENTS <b>7/1/2022 10, 9</b>		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>01/25/2020</b>	28. HOUR PRONOUNCED DEAD <b>17:26 MILITARY</b>			29c. DATE SIGNED <b>01/25/2020</b>		
29a. PRONOUNCER'S NAME <b>HUSAM ELDEN MUSTAFA</b>			29b. LICENSE NUMBER <b>010685</b>		29c. DATE SIGNED <b>01/25/2020</b>	
30. TIME OF DEATH <b>17:26 MILITARY</b>			31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>NO</b>			
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) A. <b>PULSELESS ELECTRICAL ACTIVITY, CARDIAC ARREST</b> Due to, or as a consequence of B. <b>GROUP A STREPTOCOCCUS SEPTIC SHOCK</b> Due to, or as a consequence of C. <b>MULTI ORGAN FAILURE</b> Due to, or as a consequence of D. <b>ACUTE LIVER FAILURE</b>						Approximate interval between onset and death <b>MINUTES</b> <b>UNKNOWN</b> <b>DAYS</b> <b>UNKNOWN</b>
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.			33. WAS AUTOPSY PERFORMED? <b>NO</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH <b>UNKNOWN</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>			37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>NATURAL</b>	
38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)			41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)						
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) <b>ANURADHA RAJU THOPU, MD, 041377</b>				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) <b>02/28/2020</b>	45b. HOUR OF DEATH <b>17:26 MILITARY</b>		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>ANURADHA RAJU THOPU 8901 STONEBRIDGE BOULEVARD DOUGLASVILLE GEORGIA 30134</b>						
48. REGISTRAR (Signature) <b>/S/ CHRISTOPHER JP HARRISON</b>					49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>03/12/2020</b>	

Exhibit "O"